

**LEARNING ANYWHERE ANYTIME PROGRAM
FUND FOR THE IMPROVEMENT OF POSTSECONDARY EDUCATION**

TITLE PAGE

This Application should be sent to:

No. 84.339

U.S. Department of Education

Application Control Center

Room 3633

Washington, D.C. 20202-4725

1. Application Number:

2. D-U-N-S Number:

3. Project Director (Name and Complete Mailing Address):

4. List of Partners:

Telephone: _____

Fax: _____

E-mail: _____

5. Federal Funds Requested:

6. Total Cost Share Provided: _____

1st Year only: _____

2nd Year (if applicable): _____

3rd Year (if applicable): _____

4th Year (if applicable): _____

7. Duration of Project: _____

Starting Date: _____

Ending Date: _____

Total Amount: _____

Total No. of Months: _____

8. Proposal Title:

9. Brief Abstract of Proposal (DO NOT LEAVE THIS BLANK):

10. Legal Applicant (Name & Complete Mailing Address):

11. Population Directly Benefiting from the Project:

12. Certification by Authorizing Official:

The applicant certifies to the best of his/her knowledge and belief that the data in this application are true and correct, that the filing of the application has been duly authorized by the governing body of the applicant, and that the applicant will comply with the attached assurances if assistance is approved.

Print Name

Title

Phone

Signature

Date